

Senate Bill 8 Testimony

Good afternoon, Chairwoman Griffith, Vice Chair Klausmeier, members of the Senate Finance Committee, thank you so much for your consideration of this important and necessary piece of legislation. This is a proposal that will give a voice to people with significant mental health challenges who otherwise very well may not be heard and possibly will be lost in our mental health system.

My name is Brett Hammond, and I am familiar with the justice system from having previously served as a magistrate in an out-of-state juvenile court where I was assigned cases of families who had a child with a mental health diagnosis. From working with these families, I gained a sense of just how challenging mental health can be for those with mental illness and their family members. I come before you today not as an attorney or a former juvenile court magistrate, but instead as a family member of a young man who struggles with mental health challenges. My youngest brother, Grant Hammond, has been confined at a state hospital for the past four years for his first very criminal charge. You see my brother was in a Staples store when an employee called the police out of concern that he was a homeless man loitering. He was not homeless but instead suffering from mental health challenges and in need of good medical attention. When police arrived, they told him that he should've left the store earlier when asked to do so by the store employee, and my brother then said he would leave. The police told my brother it was too late to do that and that instead he needed to come with them, at which at point my brother pushed an officer in attempt to avoid having to return yet once again for another hospitalization. The charge from the incident led to my brother's commitment at the age of 23 to his new home at Springfield Hospital in Maryland—where he remains confined to this very day.

During Grant's last 4 years in Springfield, our family's participation in Grant's treatment plan has been vital for helping medical professionals work better with Grant. As someone who has previously been diagnosed with OCD, schizophrenia, and anxiety, he rarely is comfortable in verbally communicating with the staff at the hospital. Yet, on many occasions, he *has* felt comfortable sharing this important information with family. He will share information with one family member or another about feeling better or worse—when a medication is increased or decreased—that in turns gives the hospital vital information about whether Grant's treatment plan is working and if adjustments need to be made—this is information oftentimes the hospital would not have without the input of Grant's family.

Despite the tremendous value of having family speak up on behalf in support of a mental health patient, you should know that there was resistance by the hospital in permitting our family becoming more directly involved in Grant's case. Within the first week that Grant was admitted to the hospital in 2018, our family requested information about treatment plans, medications, and an opportunity to meet with his treatment team to provide essential medical information. Although we made that request in 2018, it was not until 2019 that we learned that the hospital conducted regularly held IPOC (individual plan of care) meetings in February of 2019 when we attended a support program at the hospital. Because of continued difficulties my family had in being included in meetings related to Grant treatment plans, we eventually filed for guardianship of my brother, and I had to a petition a court in order to become my younger brother's legal guardian in August of 2020—this was done so our voice, and really Grant's voice, could be heard as part of Grant's treatment plans. Since receiving guardianship, we have been invited to attend every single plan of care meeting.

However before going formally applying for guardianship, our family was invited to participate in less than 50 percent of Grant's plan of care meetings. This law will make a difference by helping to ensure that a family's input is considered when treating mental health patients.

For me personally, it is unfathomable to think that a family member may not be permitted to participate in a treatment plan to support a loved one who is suffering from mental health challenges. In Grant's case, he enjoyed 13 years where he was untouched by any signs of mental health struggles; he excelled at school, he was extremely athletic, and well like by teachers and classmates. Through participation in treatment plan meetings, our family is able to do our best to help Grant return to that former life he previously enjoyed for 13 year—a life where can finish school, see his family, and have a modicum of freedom outside of a hospital. Our family is also aware of the history of the 10 years that Grant spent working with other mental health professionals outside of his current hospital to help return him to his very best—this history and information is invaluable to state hospitals, and I believe involving the family in many cases will be the best way to receive insights about a mental health patients past treatment history.

As a final point, it's simply makes good economic sense to allow families to participate and provide input related to treatment of a loved one. The approximated cost of 1 day for my brother at the state hospital is \$935 in tax payer dollars; that means that in 4 years my brother has been confined over \$1 million has been spent on his treatment. That figure of over \$1 million does not include the costs of over \$2,000 my family spent in obtaining guardianship of my brother, approximately \$10,000 spent getting independent medical evaluations, and an additional \$10,000 spent getting the assistance of an attorney so we could be heard in the treatment process.